

Assignment of clinical privileges will be based on education, clinical training, experience and demonstrated competence. Check appropriate category and desired privileges.		RECOMMENDATIONS BY DEPT./SVS. CHIEF				
		APPROVED WITHOUT LIMITATION	APPROVED REQUIRED QUAL. SUPRV.	APPROVED WITH MODIFICATIONS	NOT APPROVED	NOT APPD. LACK MTF/MSN SUPPORT
	v. Animal and human bites.					
	w. Eye trauma or illness					
	x. Uncomplicated pneumothorax <i>(with or without tension)</i>					
	y. Acute compartment compression syndrome.					
	z. Use of lumbar puncture as diagnostic technique.					
	aa. Use of MAST device in hypotensive patients.					
	Category III. Competent in all Category II privileges. The staff member must have been certified by the specialty board. Acts independently in directing patient care, providing consultations, and supervising other practitioners subject to peer review.					
	a. Airway maintenance including emergency cricothyrotomy and nasotracheal and orotracheal intubation.					
	b. Transvenous and transthoracic cardiac pacemaker placement					
	c. Placement of arterial monitoring devices.					
	d. Paracentesis.					
	e. Thoracentesis and placement of thoracostomy tube with intrathoracic suction.					
	f. Reduction of fracture dislocations which offer neurovascular compromise.					
	g. Central venous catheter placement.					
	h. Pericardiocentesis.					
	i. Use of ventilator (mechanical) and application of arterial and venous blood gas data to the use of the same.					
	j. Prehospital radio communications, EMT SOP's					
	k. Peritoneal lavage.					
	l. be familiar with, by recall, the ER Policy Manual.					
	m. For full certification in this category, applicant should have 3,000 hours ER experience. If not, indicate approximate number of hours:					
	(1) 0 - 1,000					
	(2) 1,000 - 2,000					
	(3) 2,000					
	Category IV. Extensive relevant training or experience beyond board certification.					
	a. Competent in Categories, I, II, and III.					
	b. In the absence of immediate consultant care, the surgical management of leaking or ruptured thoracic aneurysm in life-threatening situation, inclusive of emergency thoracostomy and cross-clamping of the aorta, open cardiac massage, but not inclusive of bypass techniques or definitive repair.					
	c. In the absence of consultant care, the surgical management of through-and-through wounds to the chest not inclusive of bypass techniques or definitive repair.					
	d. Have management experience or documented training in triage supervision in mass casualty.					
	e. In the absence of consultant, be familiar with ER techniques for evaluation of acute subdural hematomas and able to use this knowledge.					

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f.	Other					
	(1) Currently certified in BCLS.					
	(2) Currently certified in ACLS.					
	(3) Currently certified in ATLS.					
	(4) Prescribe schedule IV drugs, as appropriate.					
	(5) Prescribe schedule III drugs, as appropriate.					
	(6) Prescribe schedule II drugs, as appropriate.					
Category I, II, III, IV (Identify category).						
Exceptions (Other than above). (Specify)						
Additional Privileges (Specify)						